Partnership Annual County Data/Info Sharing: Request for Data

Please fill out all fields:

Date of request: _____

County: _____

Requester first name: _____ Last name: _____

Requester title: _____

Email address: _____ Phone number: _____

Urgency of request: ☐ Routine ☐ Urgent (needed within the next 2 months)

If urgent, describe urgency: _____

Type of request: _____

If you chose "Other," please describe:_____

Title of request (brief description of requested data):

_____

Narrative of how data will be used by county:

_____

What question county hopes to answer with the data?

_____

Narrative of data request:

_____

Describe other data possible sources available for this purpose/data/report and the feasibility of these other sources:

_____

_____

(Continued on next page)

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*If an element below does not apply,
please write "N/A" or provide an explanation in the space provided.*

Description of the denominator: _____

Inclusions for denominator: _____

Exclusion for denominator: _____

Description of numerator: _____

Output fields requested: _____

Time range of data: _____

Time frame of output: _____

Calculated output fields: _____

Groups or order of output fields: _____

Is personalized identifying information (PHI) required in the output? ☐ Yes ☐ No

If yes, explain why: _____

Note: Health officer should review this request and sign off on it before submission.

County health officer name: _____

County health officer email address: _____

County health officer signature: _____ Date: _____